

## **Therapy Questions and Answers**

**Question 1:** Does the April 1, 2011, effective date for the therapy requirements mean that these requirements are in effect for episodes beginning on or after April 1, 2011?

**Answer 1:** Yes.

**Question 2:** Is the 13/19th-visit requirement per episode?

**Answer 2:** Yes.

**Question 3:** In the case of multiple therapy disciplines, how is the count handled for the 13th and 19th visits?

**Answer 3:** The count is cumulative and includes all therapy disciplines. Therefore, if someone were, for example, receiving physical therapy (PT) three times a week and occupational therapy (OT) once a week, the 13th therapy visit would presumably be at the beginning of the fourth week.

**Question 4:** Is the 30-day reassessment requirement measured by episode or the patient's full course of treatment?

**Answer 4:** The patient's full course of treatment.

**Question 5:** When does the 30-day reassessment clock begin?

**Answer 5:** It begins with the therapist's first visit (Note: In cases where more than one type of therapy is being provided, each therapy discipline has its own separate count or clock).

**Question 6:** If the 13th and 19th therapy visits occur before the 30-day reassessment, when does the 30-day clock reset?

**Answer 6:** The 30-day clock resets after every therapy visit (per discipline).

**Question 7:** If the 30 day-reassessment were to occur before the 13th therapy visit, when would be the next time that a therapist would be required to do another reassessment?

**Answer 7:** Assuming the ordered 13th visit would be scheduled to occur before the *next* 30-day reassessment is due, the therapist would perform the therapy service/reassessment/measurement/documentation at the 13th visit. We note that there is some flexibility for the timing of the 13th (and 19th) therapy visit for patients living in rural areas or receiving more than one type of therapy, or when documented exceptional circumstances exist.

**Question 8:** In multiple-therapy discipline situations, is it only the therapist that comes for the 13th visit that does the reassessment?

**Answer 8:** No; if a patient is receiving more than one type of therapy, all therapists must do their respective assessments close to but no later than the 13th or 19th visit.

**Question 9:** Regarding non-coverage of therapy visits, in the case of a single therapy discipline being provided, if the qualified therapist misses the reassessment on visit 13 and performs it on visit 16 instead, would visits 14 and 15 be covered?

**Answer 9:** No.

**Question 10:** Regarding the non-coverage of therapy visits, in the case of multiple therapy disciplines being provided, using the example of more than 13 visits to be provided by 2 therapy types (e.g., OT and PT), if one therapist makes the reassessment visit on visit 12, but the other qualified therapist does not do the reassessment until visit 17, could visits 14, 15, and 16 possibly be covered?

**Answer 10:** No.

**Question 11:** Does the non-coverage policy apply for both the 30-day requirement and the 13th/19th-visit requirement?

**Answer 11:** Yes.

**Question 12:** If a therapist does not meet the requirements and subsequent visits are not covered, when is therapy covered again?

**Answer 12:** Therapy would be covered again for the visit which occurs *after* the qualified therapist(s) completes all the assessment, objective measurement, and documentation requirements.

**Question 13:** What tools can therapists use to do the objective assessments?

**Answer 13:** CMS does not want to be prescriptive regarding which tools should be used and instead recommends that therapists look to their respective national and state associations and accrediting bodies for such resources.

**Question 14:** What happens if a doctor does not order multiple therapies at the start of care, but instead orders another type of therapy after the patient has been in home health for a few weeks. For example, if a patient receives PT for a couple weeks and then the doctor adds OT to the orders; how would the count be adjusted then?

**Answer 14:** We note that it is the sum of all therapy provided, from all disciplines, that must be considered when counting visits. In this case, if the 13th or 19th visit would have occurred before the OT was ordered, the PT should have performed the ordered service/assessment/measurement/documentation. Otherwise, the OT visits would be added to the overall therapy count. Both OT and PT would need to do their respective assessments by the 13th or 19th therapy visit (cumulative count).

**Question 15:** When multiple therapy disciplines are ordered, if the frequency of one ordered therapy by the doctor is so low that no scheduled visit should occur between the 13th and 19th visits (e.g., no scheduled OT visit would occur between the 13th and 19th visits), should the therapist make another visit to meet this requirement?

**Answer 15:** No, because therapists should visit patients only as ordered in the patient's plan of care. We provide flexibility for multiple-discipline therapy cases to account for such scenarios. In multiple-discipline therapy cases, the visit can occur close to the 13th and 19th visits. If no visit is ordered for one discipline between the 13th and 19th visits, the visit prior to the 19th visit would satisfy the requirement.